**EAST TENNESSEE STATE UNIVERSITY**
**Office of Financial Aid and Scholarships**
**PO Box 70722**
**Johnson City TN 37614-0722**
**(423) 439-4300**

# FWS and RSWP Student Worker Intent to Re-Enroll Form

Student's Printed Name: _____ E-Number: _____

Department's Name: _____

Supervisor's Printed Name _____

Supervisor's Signature_____

During the period December 11, 2026 through December 23, 2026, I would like to maintain employment under the Federal Work Study Program and/or the Regular Student Work Program. The time worked during this period will count toward the FWS and/or RSWP award amount for Fall 2026.

It is the student's intention to enroll at least half time (6 credit hours) in the upcoming Spring 2027 semester. If at any time it is determined that the student will not be enrolling at least half time in the upcoming Spring 2027 semester, it is the student's responsibility to (1) notify the Office of Financial Aid and Scholarships, (2) notify the hiring department, and (3) to cease working. It is understood that the student will no longer be eligible to maintain employment under FWS and/or RSWP during this period.

Failure to notify the Office of Financial Aid and Scholarships and the hiring department of any changes in the student plans could be considered a violation of ethical standards and/or fraud. The student signature below certifies that this statement has been read, understood, and agreed to.

Student's Signature: _____ Date: _____

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For Office Use Only

Enrolled Hours: _____

Processed By: _____ Date: _____